

# Intensive Behavior Residential Services (IBRS)

## Intake Plan

To be completed jointly by the Independent Support Coordinator and the agency designated to provide supports.

1. Person Supported			
2. Level of Support (1-6)			
3. Level of ID	IQ:		Adaptive Behavior:
4. Contacts	<b>Name</b>	<b>Phone</b>	<b>E-mail</b>
a. ISC			
b. Conservator			
c. Behavior Analyst			
5. Proposed IBRS Agency			
6. Reason for Referral (Describe current difficulties in 100 words or less)			
7. Likely benefit of IBRS (Describe likely benefit in 200 words or less)			
8. <b>Current</b> psychiatric diagnoses			
9. <b>Current</b> medical diagnoses			

10. Problem Behavior and Primary and Secondary Functions	<b>Behavioral Description</b>		<b>Functions</b>	
	Physical Aggression –			
	Self-Injury -			
	Property Destruction -			
	Elopement -			
	Sexually Offensive/Inappropriate Behavior-			
11 Frequency, Intensity, and Duration of Behaviors that pose a risk of harm to self or others.		<b><u>Frequency</u></b>	<b><u>Intensity</u></b>	<b><u>Duration Range in Minutes</u></b>
	<b><u>Physical Aggression</u></b>	/Day: /Week: /Month:	Severity/Type of Injury to others:	
	<b><u>Self-Injury</u></b>	/Day: /Week: /Month:	Severity/Type of Injury to self:	
	<b><u>Property Destruction</u></b>	/Day: /Week: /Month:	Range of Monetary Value:	
	<b><u>Elopement</u></b>		Distance from Home:	
12. Document Attachments	<b>Document</b>		<b>Check When Complete</b>	
	Historical clinical assessments (medical, psychiatric, behavior, therapies)			
	Behavior Support Plan and Most Recent CSMR or Follow Up Note.			
	Behavior Severity Index (BSI) completed by the receiving agency.			
13. Certifications	<b>Statement</b>			<b>Signature</b>
	As a representative of <u>  (agency name)  </u> (IBRS) agency, I have approved this Intake Plan for Submission to the DIDD IBRS Admissions Committee:			
	As conservator for the above named person, I have been informed <u>  (agency name)  </u> 's IBRS treatment protocols and I consent to admission and the treatment offered within this program.			

## Instructions for Completion of the IBRS Intake Plan

Item	Instructions	Responsible Party
1. Person Supported	Name of Person Supported	ISC
2. Level of Support	Level of Support Using the DIDD System (1-6).	ISC
3. Level of ID	Include the IQ and Adaptive Behavior Score from the most recent valid testing the person has received.	ISC (Please include documentation of testing)
4. a-c	Include Name, Phone, and Email for ISC, Conservator, and Behavior Analyst	ISC
5. Proposed IBRS Agency	Name of agency that has agreed to support	ISC
6. Reason for Referral (Describe current difficulties in 100 words or less)	Briefly describe the nature of the problems that are leading to the need for an intensive behavioral service.	Behavior Analyst
7. Likely benefit of IBRS (Describe likely benefit in 200 words or less)	Briefly describe how the person might benefit from IBRS. Include how specific IBRS treatments may be helpful (group, individual, more structure, psychiatric support, etc.), the milieu (social environment, comprehensive treatment plan, etc.), and/or generalization (ability to get along with peers, succeeding with less intensive staffing, etc.) may help the person be successful in a less intrusive setting.	Behavior Analyst
8. <b>Current</b> psychiatric diagnoses	List all current psychiatric diagnoses for which the person receives treatment.	ISC
9. <b>Current</b> medical diagnoses	List all current medical diagnoses OR conditions.	ISC
10. Problem Behavior and Primary and Secondary Functions	For each of the named behaviors, list the currently assessed functions.	Behavior Analyst
11. Frequency, Intensity, and Duration of Behaviors that pose a risk of harm to self or	For frequency, choose the best interval and report the average frequency (per day, week, or month). For intensity describe using the prompts for each	Behavior Analyst

others.	behavior. Report the duration as a range in the number of minutes that episodes last (e.g., Physical aggression: 2-30 minutes)	
12. Document Attachments	Include all of the requested documents and check the corresponding box to signify that these items are attached to the application.	ISC
13. Certifications	In the first certification, enter the receiving agencies name in the blank and obtain an approval signature from an authorized representative.	ISC

## IBRS Admissions Committee Operating Procedures

1. The IBRS Admissions Committee will meet on the 2<sup>nd</sup> Monday of each month to review applications for IBRS. Intake Plans are due to the committee at least 10 days before the scheduled meeting.
2. DIDD will conduct a 12 month query of the incident management system and include it with the application for review by the IBRS Admissions Committee. The query shall include the frequency of reportable behavior incidents, restraint usage, psychiatric hospitalizations, mobile crisis calls, police contacts, and incarcerations.
3. The committee will consider three factors in making a decision to approve or disapprove an IBRS application. Given the treatment and social milieu at the IBRS agency, the committee will attempt to answer 3 questions: 1) Is the person likely to be a good fit? 2) Can risks be safely managed? 3) Is the person likely to benefit from the treatment offered? When the committee is able to reach a consensus on these three questions, they shall approve the application. If the answer to any of these questions is "no," the application shall not be admitted.
4. When a person is approved for admission, the committee will set goals for risk reduction and generalization. These goals will be reviewed at six-month intervals. The Supporting IBRS agency must update and submit the BSI and other requested risk information a minimum of 10 days before the scheduled six-month review.
5. Approved applications will be returned to the ISC for submission to the Regional Office Plans Review Unit.
6. Disapproved applications will be returned with recommendations for other possible treatments or suggestions. Any disapproved application will also be forwarded to the Harold Jordan Center admissions committee to determine if their programs may be a good fit for the individual. Their recommendations will be provided to the COS for consideration as well.